

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

	I	T) / CT		
Establishment Name Russec King # 536	Telephone Number	Date of In: (mm/dd/y)		PERMIT #
Burger King 77536 Establishment Address (number and street, city, state, zip code)	<u> </u>		3 1 4	19-
Establishment Address (number and street, city, state, zip code)	215 /1016 10/2	[/-//)-/0	20
3533 Grantline Rd New Albany, IN 47150	315-424-0513	, ,	• (22
Owner	Purpose:	Follow-u	p Releas	e Date
Carrols LLC	1. Routine	Ves	10	doy5
Owner's Address	┪	100		
968 James St Syracuse, Ny 13203	2. Follow-up	Summary	of Violation	is;
	3. Complaint	~	, , <u>,</u>	-
Person in Charge	4. Pre-Operational	$\mathbf{c} \mathcal{D}$	$_{\rm NC}$ $\frac{5}{2}$	R
James Barnes	5. Temporary			<u> </u>
Responsible Person's E-mail		Menu Ty	pe (See back	of page)
	6. HACCP			
Certified Food Manager	7. Other (list)	12	3/	45
Terri Simpson 1-20-20				
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"				
Section# C/NC R Narrative			To Be Co	rrected By
324 NC Observed mop sink fauce	ucet to have a		10 days	
	10 11000		7 010	-/- <u>-</u>
Steady Osip.				
392 NC Observed dumpster lids open. Today				. <u>/</u>
426 NC R Observed 16 cigarettes on ground outside, 2 days				
buck doop provide receptacle.				
431 NC R Observed sweeping and mapping needed Z days				
under lobby drink cabinet				
430 NC Observed wet floors and high humidity 10 days.				
in out door Storage building.				
- dry with fan.				
- determine source of water and repair				
	1701 00001 7-9-07			
or make adjustments.			,	
	<u>, , , , , , , , , , , , , , , , , , , </u>			· · · · · · · · · · · · · · · · · · ·
-Call if extension is need	ded-			<u> </u>
- Half permit fee is required if violations				
are not corrected by	TRYF MISPACTIC	<u> </u>		
Received by (name and title printed): Inspected by (name and title printed):				
Chris Banes AMI Thomas Suider, EHS				
Received by (signature):	Inspected by (signature):	/		
1 CBC				
	Shonos.	00:		
cc:		ee:		